

## A Survey of Drug Abuse among Prison Inmates in Ghana

Adu-Gyamfi Serwaa<sup>1</sup>, Nkyi K. Anthony<sup>2</sup> & Doh Fia Stephen<sup>3</sup>

### Abstract

This study investigated the incidence of drug abuse among prison inmates in Ghana. The study adopted a mixed method specifically a concurrent triangulation design. The study population included all inmates in the Ankaful Main Camp Prison and Sekondi Female Prison. The sampling techniques used were the purposive, census and snowball. A total of 274 inmates were selected for the quantitative data while 12 inmates were selected for the qualitative data. Data were collected using structured questionnaire and interview guide. Both descriptive (frequencies; means and standard deviations) and inferential (independent samples t-test) statistics were used to analyse the quantitative data while the qualitative data were analysed using inductive approach. The study found a prevalence of 67.9% of drug abuse among inmates. Marijuana (wee) was the most abused drug by the inmates followed by cigarette. Inmates abused drugs to relieve boredom, cope with stress and most importantly to help them eat the 'distasteful' and unbalanced diet given to them. Provision of drug education and the availability of counsellors were the strategies used to address drug abuse among the inmates. The study also discovered that male inmates abused drugs more than the females. The study recommended that education on drug abuse should be intensified in the various prisons by professionals, especially the male prisons to help them know and understand the impact drug abuse could have on their life. The study also included a ~~an~~ in the findings, implications of counselling.

**Key words:** Drug Abuse, Prison inmates, Counselling, Ghana.

### Introduction

Despite prohibitions by many countries on illicit drugs, illegal use of psychoactive substances is fairly widespread in many societies, particularly among young adults. According to Fazel, Yoon, and Hayes (2017), various studies estimated that the percentage of individuals reporting problematic substance misuse is comparatively higher in prisons than in communities. Fazel, Yoon, and Hayes, further indicated that the percentage of people in prison who have drug problems ranges from 10% to 51%. It can be deduced that the majority of prisoners may have used illicit drugs at some point in their life, and are likely to have chronic problems as a result.

According to Bronson, Stoop, Zimmer, & Berzofsky (2017), dependence and the abuse of drugs among imprisoned populations are a glaring reality that extremely complicates the task of rehabilitating offenders. Bronson, Stoop, Zimmer, & Berzofsky further suggested that the estimates of offenders point to the urgent need for effective interventions, as available indicators show that the use of drugs among arrestees are at epidemic levels.

### Prevalence and Patterns of Drug Abuse among Inmates

On the prevalence of drug abuse among prisoners, various studies (Bronson, Stoop, Zimmer, & Berzofsky, 2017; Haggerty, 2011; Fazel, Bains, & Doll, 2006) have been conducted globally. Fazel et al., (2006) conducted a systematic review on substance abuse and dependence among prisoners. A systematic review of studies revealed the prevalence of drug and alcohol abuse and dependence in male and female prisoners on reception into prison. Estimates range from 18 to 30% and 10 to 24% in female prisoners, and for drug abuse and dependence from 10 to 48% in male prisoners and 30 to 60% in female prisoners. Consequently, male prisoners are more at risk to alcohol abuse in prisons than the females. And again, female prisoners are at risk of abusing drugs other than alcohol than males in prison (Fazel et al., 2006).

<sup>1</sup> Department of Guidance and Counselling, College of Education Studies University of Cape Coast

<sup>2</sup> Department of Guidance and Counselling, College of Education Studies University of Cape Coast e-mail: [ankyi@ucc.edu](mailto:ankyi@ucc.edu)

<sup>3</sup> Department of Guidance and Counselling, College of Education Studies University of Cape Coast

Mundt, Baranyi, Gabrysch, and Fazel (2018) conducted a study on prevalence of substance use in prison populations in low- and middle-income countries. The results from their findings indicated approximately one-quarter of people used illicit drugs during imprisonment. Another study was conducted by UPS/UNODC, (2009) on a situational assessment of HIV and Drug Abuse among prisoners in Uganda Prisons Service, using 459 inmates from 34 different prisons. The findings of the study indicated that, tobacco/cigarettes and cannabis (marijuana) were the commonly abused drugs among these inmates.

Drugs used and patterns of drug use vary considerably between different groups in the prison population. For instance, drug use among women and adolescents differs significantly from that among men, with different levels and types of use and different motivations and behavioural consequences. Common factors are scarcity of drugs, extreme secrecy, and black markets and trafficking within custodial settings. As a result, the number of drug users in prisons has increased substantially (Stöver, 2001). In addition to those people who enter prison with a history of, or active, drug use, a substantial proportion of prisoners start using drugs while in prison as a means to release tensions and to cope with living in an overcrowded and often violent environment (Boys, Farrell, Bebbington, Brugha, Coid, Jenkins & Taylor, 2002). This implies that some prisoners abuse drugs as a means of coping with their new environment.

### **Causes of Drug Abuse among Inmates**

The reasons given by prisoners for using drugs during their sentence include: to relieve boredom, to cope with stress and crisis that occur such as sexual or physical violence (Kerr, Marshall, Walsh, Palepu, Tyndall, Montaner & Wood, 2005). This implies that stress and dullness together with other unpleasant conditions in the prisons motivate inmates to use and abuse drugs. Therefore, imprisonment, in itself, can introduce prisoners drug abuse (EMCDDA, 2005).

Studies have also highlighted incidences of prisoners switching to other drugs, which are easier to obtain, have a stronger effect and are more difficult to detect in urine or blood. For example, the introduction of mandatory drug testing in prisons led prisoners to use opiates over cannabis which stays in the body's system for up to a month, whereas opiates can become undetectable within a couple of days (MacDonald, 1997; Edgar & O'Donell, 1998).

In countries of the European Union, for example, the number of prisoners who report ever having used illegal drugs is between 29% and 86%, with most studies reporting figures of 50% or greater. The number of prisoners actively using drugs during incarceration is between 16% and 54%. These EU studies indicate that figures for drug use are even higher among incarcerated women. In Canada, a 1995 survey by the Correctional Service of Canada found that 40% of prisoners reported having used drugs since arriving at their current institution (EMCDDA, 2003; Lines, 2006). A national prison survey in England and Wales on drug use and initiation in prison revealed that more than a quarter of the heroin users reported that they had initiated the use of this drug in prison (Boys et al., 2002).

For some prisoners, their sentence is seen as a time of abstinence, to help them recover from the damaging effects of using drugs, though this may just be a temporary reprieve. This often occurs in conjunction with a general improvement in their health. For many of them, prison drug treatment and support is their first experience. It is also evident that on release, with a lack of support in the community, many users continue or restart their drug use (Turnbull, Stimson, & Stilwell, 1994). This means that support for drug users who have been released from prison is a necessity for a free society.

Although injecting drug users is less likely while in prison, those who do so are more likely to share injecting equipment with a greater number of people, as they can no longer access clean equipment within the prison (Lines et al., 2004). Report on a substantial number of drug users started to inject while in prison. Studies on drug users in prison suggest that between 3–26% used drugs for the first time while they were incarcerated and up to 21% was initiated into injecting drugs whilst in prison (EMCDDA, 2003). Despite many control efforts, illicit drugs get into prisons and prisoners consume them. As it is in the community, drugs are available in prisons because there is a demand and a market for drugs:-

According to Butler, Levy, Dolan and Kaldor (2003), there are numerous risk factors associated with using substance in prison. These included using drugs before incarceration and drug dependence. Other factors, such as the number of times an inmate has been incarcerated and their mental health problems, also emerge as important determinants of substance abuse in prison (Boys et al., 2002).

In a qualitative study, it was found that prisoners identified four components that explain substance use in prison settings: (a) the need to escape from reality; (b) celebrations; (c) dependence; and (d) opportunity. The study reported that opportunity was the most frequently mentioned component (Seal et al., 2004).

Affiliation with a gang and incarceration length has also been associated with substance abuse in prison (Andía, Deren, Robles, Kang, Colón, Oliver-Velez, & Finlinson, 2005).

Moreover, the analyses conducted by Butler et al., (2003) show that the factors associated with a high risk of drug injection in prison are being a woman, being between 24 and 40 years old, having been placed in a foster home during childhood, having been imprisoned several times and being incarcerated for a violent crime.

### **Prevention and Treatment of Drug Abuse among Inmates**

In general, measures that can be used to deal with drug abuse in prisons can be divided into assessment, prevention, counselling, abstinence-oriented and medication-assisted treatment, self-help groups and peer-driven interventions, harm-reduction measures and pre-release and aftercare programmes. It is essential to recognize that drug dependence (whether on opiates, cocaine, tobacco, alcohol or other drugs) is not criminal or hedonistic behaviour but a chronic disease, characterized by a long process of relapses and attempts at stabilization, which consequently requires a continuing care and support approach (Stöver & Kastelic, 2014).

Drug abuse/dependence should be treated in the same way as other chronic illnesses, including diagnosis and a treatment plan. It is vital that any drug treatment and intervention strategies are not developed in isolation but linked to other relevant initiatives and strategies. A prison drug strategy should be part of and in line with the national drug strategy (Stöver & Kastelic, 2014). These studies point to the fact that drug abuse among prisoners should be considered crucial enough to be tackled and treated as other chronic illnesses.

According to WHO (1993), drug and alcohol education may include: why people use drugs; the role of drugs in a particular society; 'how' drugs work in the body and the brain; health information and advice related to relevant drugs of choice and the negative consequences of prolonged drug use; health information and advice related to blood borne e.g. HIV, HCV and airborne viruses e.g. TB, availability of vaccination for hepatitis A and B; risk behaviours including safer usage; safer injecting, safer sexual activities, tattooing, risks associated with fights and other situations where blood may be spilt; overdose prevention, including the risk of overdose when tolerance is reduced; and treatment availability in prison and the local community, understanding options and their benefits, how to access services. In addition, counselling services effectively delivered by a professional counsellor in the prisons should transform the perception of inmates and modify their maladjusted behaviour (Gladding, 2004).

### **Gender and Drug Abuse**

EMCDDA (2004) annual report on drug abuse among all European countries using school surveys, general population surveys and drug treatment services to explore the gender difference and drug abuse. Results from their findings indicated that the male population abuse drugs more than the female population. Again, Sznitman (2007) conducted a study on drugs and gender in Stockholm, Sweden using an interview on 47 men and women who use drugs. The findings indicated that men abuse drugs (illicit drugs) more than women. Thus, it seems from the above literature, men abuse drugs more than women.

Globally, many studies (Bronson, Stroop, Zimmer, & Berzofsky 2017; Fazel, Bains & Doll, 2006; Haggerty, 2011) have been conducted on the prevalence of drug abuse among prisoners. Fazel, Bains, and Doll (2006) conducted a systematic review on substance abuse and dependence among prisoners in Europe. Their review revealed that prevalence estimates of drug abuse and dependence varied from 10% to 48% in male prisoners and 30% to 60% in female prisoners. This implies that male prisoners are more at risk when it comes to alcohol abuse in prisons than female. There are few studies on drug abuse among inmates in Africa as compared to their western counterparts. One of the few studies found that the lifetime drug use among inmates in Uganda was 65% and that the most commonly abused drugs in descending order were tobacco/cigarettes, marijuana, *khat* and alcohol (Uganda Prisons Service, 2009). Another study was conducted by Kinyanjui and Atwoli (2013) on substance use among inmates at Eldoret Prison in Western Kenya. Their study found that, the lifetime prevalence of substance use among these inmates was 66.1%, while that of alcohol use was 65.1% both significantly associated with male gender, urban residence and higher level of education. There appears to be drug abuse among inmates based on the aforementioned research cited. Since much have not been explored in Ghana, this research seeks to investigate drug abuse among inmates in Ghanaian prisons.

### **Research Questions**

The following research questions guided the conduct of the study:

1. What is the prevalence of drug abuse among inmates in the Ankaful and Sekondi prisons?
2. What are the causes of drug abuse among inmates in the Ankaful and Sekondi prisons?
3. What strategies are put in place by prison officials to address drug abuse by the inmates in the Ankaful and Sekondi prisons?

## Research Hypotheses

- H<sub>01</sub> There is no significant difference in the pattern of drug abuse between male and female inmates.  
 H<sub>11</sub> There is a significant difference in the pattern of drug abuse between male and female inmates.

## Methods

### Research Design

The research design for this study was the concurrent triangulation design. This design was anticipated to enrich the study by means of using the quantitative data to assess the frequency and magnitude of drug abuse by inmates while the qualitative data also help explore and bring understanding to the subject of study.

### Population

The population consisted of all 274 inmates in the Ankaful Main Camp Prison and the Sekondi Female Prison in the Central and Western Regions of Ghana with 252 and 22 inmates respectively. In terms of gender, 92.0% of the participants were males while 8.0% were females). The majority of participants (72.3%), were between 18 and 36 while 27.7% were above 36 years.

### Procedures

Purposive sampling was used to select two of the forty-two prisons in Ghana for the study. Thus, Ankaful Main Camp Prison and the Sekondi Female Prison. The purposive sampling was chosen because the researcher needed male and female inmates who were not dependent on each other.

The snow ball sampling was used to select participants for the interview (focus group discussion) due to the sensitiveness of the research. Participants were put into groups of two. In each group there were six participants, thereby making it twelve participants for the focus group discussion.

### Instruments

The research instruments used for the study were developed by the researchers based on the literature reviewed from the current study (Questionnaire for Inmates on Drug Abuse) and interview (An Interview Guide for Inmates on Drug Abuse). The questionnaire was made up of six sections. Section A background information, Section B prevalence of drugs abused by the inmates, Section C the causes of drug abuse by the inmates, and Section D strategies.

A four-point Likert-type rating scale was provided for participants to indicate the strength of their opinions on these research questions as follows: Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The scale ratings read as follows: Strongly Agree (SA) as 4, Agree (A) as 3, Disagree (D) as 2 and Strongly Disagree (SD) as 1. The highest score possible on any item = 4.0, in the case where all participants strongly agree with the item and the lowest score possible on any item = 1, the case where all participants strongly disagree with the item. The cut-off point for deciding whether a participant agrees or disagree to the statement was 2.5. Test for reliability and validity of the instrument

The questionnaire was pretested using inmates at the Sunyani prisons with thirty participants representing 10.9% of the actual sample size. A Cronbach's Alpha ( $\alpha$ ) was computed to determine the reliability coefficient of .77 (n of items = 33). Furthermore, Cronbach's Alpha was again computed to determine the reliability coefficient of the instrument after the actual data collected and the reliability coefficient of .82 was obtained for the instrument. Both the face validity and content validity were determined by the researchers and two experts in research from the faculty of Humanities and Social Sciences Education, University of Cape Coast. The questionnaire and the interview guide were judged to be valid in terms of face and content validity using inmates in the Sunyani Prisons.

### Procedures

Before administering the instruments, permission was granted by the Director General of Prisons to conduct the study at the Ankaful Main Camp and Sekondi Female Prisons respectively after an ethical clearance was sought from the University of Cape Coast institutional Review Board. Participants were also contacted to consent to participate in the study. Those who consented were recruited to be part of the study.

An agreed time was set for data collection from the two prisons and the researchers administered the questionnaire to the participants after explaining the purpose of the data collection and giving them the assurance of confidentiality and anonymity of their responses. The items on the questionnaire were explained to participants to fully understand and give the right response to each item correctly. After the questionnaire was administered and collected, participants for the focus group discussion were already gathered for the interview.

A maximum of twelve participants were selected and put into groups of two consisting of six participants each. With the help of the research assistant, the interview was carried out within two hours.

## Results and Discussion

Data obtained from the participants were filtered to remove any irrelevant responses and thereafter coded. The quantitative data were analysed with the aid of Statistical Product for Service Solution (SPSS). A combination of descriptive and inferential statistics was used to analyse the data to get the relevant results.

### What is the prevalence of drug abuse among inmates in the Ankaful and Sekondi prisons?

The Research Questions One was analysed using frequencies and percentages. The essence of this research question was to identify the prevalence of drug abuse among inmates. The item on the questionnaire was dichotomously scored as 1=yes and 2=no. "Yes response" implies that participants have used drugs in prison before, while "No Response" implies that participants have never used drugs in prison before. The results are presented in Table 4.

Table 1- Prevalence of Drug use among Inmates (n=274)

	Yes		No	
	Freq	%	Freq	%
Have you ever used drugs in prison before?	186	67.9	88	32.1

The prevalence of drug abuse gives an evidence that indeed there is drug abuse in these prisons and hence the basis for conducting this study. Table 1 indicates a prevalence of 67.9% of drug abuse among inmates in the Ankaful and Sekondi prisons. This finding indicates a higher prevalence of drug abuse among inmates. This therefore implies that, inmates are at a higher risk so far as drug abuse is concerned. A higher prevalence rate of drug abuse among inmates could be attributed to many factors such as improper screening at the various prisons, inadequate supervision on the side of the prison officers, among many others. This finding supports the findings of the Uganda Prisons Service (2009) which indicated 65% lifetime prevalence of drug abuse among inmates in Uganda. Additionally, the findings of Kinyanjui and Atwoli (2013) also revealed a lifetime prevalence of 65.1% of substance abuse among inmates in the Eldoret prison. It could therefore be concluded that, there is an increasing rate of the prevalence of drug abuse among inmates in the prisons.

### What are the causes of drug abuse among inmates in the Ankanful and Sekondi prisons?

The research question sought to find out the causes of drug abuse among inmates. The data were analysed by using mean and standard deviation. The question was assessed on a 4-point Likert scale (ranging from 1-4). For the interpretation of the means, the following cut-off-points were used (1-1.5 = strongly disagree, 1.6-2.5 = disagree, 2.6-3.5 = agree and 3.6-4.0 = strongly agree). The results are then presented in Table 2.

Table 2: Causes of Drug Abuse among Inmates (n=274)

Statements	SD	Mean	Rank
Lack or inadequate care from childhood	0.99	3.31	1 <sup>st</sup>
Affiliation to a group	0.92	3.02	2 <sup>nd</sup>
To cope with stress	1.05	2.86	3 <sup>rd</sup>
Time spent in prison	1.18	2.85	4 <sup>th</sup>
To relieve boredom	1.12	2.82	5 <sup>th</sup>
To escape from reality	1.09	2.72	6 <sup>th</sup>
Opportunity to use drugs	0.96	2.61	7 <sup>th</sup>
Overall mean		2.88	

The factors leading to drug abuse are essential in the understanding of drug abuse in any setting. In answering the question on the causes of drug abuse, participants agreed to the items listed below as the causes of drug abuse among them in the following manner of prominence. Refer to the rank order given in table 6

Interestingly, responses from the interview in relation to the statement above indicate that inmates abuse drugs to cope with stress and other uncertainties in their lives. One of the inmates interviewed said:

*"We go through a lot here and not knowing what is really happening at home, smoking helps a lot!"*

This comment is an indication that inmates willingness to abuse drugs come about as a result of what they are experiencing as prisoners. Thus, imprisonment can be seen here as a contributing factor to drug abuse among inmates.

This finding supports that of Kerr et al. (2005) when their study revealed that among the reasons why inmates abuse drugs, coping with stress was a major factor. Dillon (2011) agreed to the fact that drug abuse was seen as a form of motivation to cope with the stress and problems associated with imprisonment. This is thus an indication that, the use and abuse of drugs among inmates enable them to forget their current state and other happenings in their lives.

Furthermore, the analysis shows that the opportunity and easy availability of drugs were also another factors leading to drug abuse. This was evident after the item produced a greater value of ( $M=2.613$ ,  $SD= .98$ ). Adding to this finding, responses from the interview agreed to this statement that the availability of the drug, the cost of the drug and easy access to the drug was mostly considered.

*“Madam, hmmm, because we can easily get access to the drugs especially ‘wee’ and cigarette and they are really not expensive, smoking them become comfortable.”*

If marijuana (wee) and cigarette were to be expensive and this making them scarcely available, inmates would have had difficulties in getting access to these drugs.

*“Oh! As for the wee as soon as we step out from the prison yard to work, friends from town meet us and we are connected with it, simple!”*

Marijuana has become a common drug in the society where anyone can easily have access to; therefore it becomes imperatively right for prison officers who go out with the inmates to become very vigilant. Thus any avenue that will present itself with drugs will easily be detected by these prison officers.

This finding is in consistent with John (2008) when he revealed that the cost of both licit and illicit drugs determines its patronage and hence it uses/abuse. MacDonald (1997), from his studies, also highlighted incidences of prisoners switching to other drugs, which are easier to obtain, have a stronger effect and are more difficult to detect in urine or blood. Again Seal et al. (2004) qualitative study on factors leading to drug abuse by inmates included the opportunity to use drugs.

Time spent in prison was another major cause of the inmates’ abuse of drugs. The results show that majority of them have developed the habit of taking drugs due the time spent in prison. The mean and standard deviation of ( $Mean=2.846$ ,  $SD=1.18$ ) gives the evidence. And this finding was supported by Boys et al. (2002), through their discovery that among many factors that lead to drug abuse by inmates, the number of years they (inmates) have spent in prison was a major factor leading to drug abuse.

In addition to these factors, however, responses from the interview indicated other reasons that make them abuse drugs. These include the use of the drug to give them appetite as well as enabling them to eat the food they described as ‘food for dogs’. They also see these drugs as medicine hence the strong desire to take them. The following were some of the comments given by the inmates during the interview section:

*“If you don’t smoke, how can you enjoy this kind of food that even dogs will not look at?”*

*“The food we eat here, hmm, Madam, is very horrible and so distasteful. Can you imagine we don’t eat meat or fish?”*

Meals are to provide the essential nutrients needed by the body to make it strong and healthy. Eating meals believed not to be meant for human beings can be a bit stressful, but realizing that is your only option becomes heavily unbearable. These inmates have no other option than to eat what is available which they complain bitterly of, thus their choice of abusing drugs.

Dillon (2011) in her exploratory study of drug use among prisoners in Dublin found out that the living condition including accommodation and food (diet) cause inmates to abuse drugs. The implication of this finding may be that, if the government can provide these inmates with a balanced diet, many may stay away from both licit and illicit drugs.

In summary, coping with stress, availability and opportunity to use drugs, the cost of drugs, the living condition, the ‘distasteful’ meal served to the inmate were some of the causes of drug abuse among the inmates. Some of these causes were not in the table (quantitative data) but were revealed during the interview (qualitative data) as an in-depth findings; the essence of the qualitative research.

### **What strategies are put in place to address drug abuse by the inmates in the Ankaful and Sekondi prisons?**

The purpose of this research question was to identify the strategies used to address drug abuse among inmates and its effectiveness. To answer this research question, participants were asked series of questions in relation to the strategies put in place to address drug abuse. The question was assessed on a 4-point Likert-type scale (ranging from 1-4). Means and standard deviation were used for the data analysis.

For the interpretation of the means, the following cut-off-points were used (1-1.5 = strongly disagree, 1.6-2.5 = disagree, 2.6-3.5 = agree and 3.6-4.0 = strongly agree). The results of the data analysis are then presented in Table 3.

**Table 3: Mean analysis of Strategies Put in Place to Address Drug Abuse among Inmates**

<b>Statement</b>	<b>Mean</b>	<b>SD</b>
Formulation of prison drug policy	1.58	.969
Education	3.61	.743
Care and support	1.81	1.14
Availability of counsellors	3.05	1.22
Counselling services	2.34	1.22
Overall mean	2.47	

Participants in the study indicated only education and availability of counsellors as the strategies put in place to address drug abuse. The findings in terms of formulation of prison drug policy, care and support and availability of counselling services were disagreed with by the prisoners to serve as strategies for controlling the use of drugs. From the table, education on drug abuse gives a positive sign with a mean of 3.61 and a standard deviation of 0.743. This is an indication that inmates were not ignorant of drug abuse and its consequences. A direct quotation from their interview shows that day in day out, they receive information on drug abuse.

*“When the church people come here to give us support, they mostly advise us not to smoke ‘nee’ or any other drug”*

*“As for drugs, even the officers talk to us every day to stay away from it because if they catch us, we go to prison within prison because it is another offence.”*

It was clearly evident that inmates were receiving education on drug abuse. The question then becomes, “why do they keep using and abusing drugs despite the education?”

Thus, the findings disagree with Carvalho et al. (2005) that lack of education is a major determiner or factor leading to drug abuse. Even though drug education has been recognised as a strategy in containing drug abuse in prisons, what actually goes into the education has not yet been established or distinguished as according to WHO (1993) which gave criteria for educating inmates of drug abuse. These criteria include why people use drug, the role of drugs in the society, how drugs work in the body and brain, health information and advice related to relevant drugs of choice and the negative consequences of prolonged drug use; health information and advice related to blood borne e.g., HIV, HCV and airborne viruses, e.g. TB, availability of vaccination for hepatitis A and B; risk behaviours including safer usage; safer injection, safer sexual activities, tattooing, risks associated with fights and other situations where blood may be spilt among many others.

Availability of counsellors was also identified to be a strong strategy (Mean=3.05; SD=1.22) put in place by the authorities to fight against drug abuse but according to same data, counselling services given to these inmates including those who do not abuse drugs were not effective (Mean=2.34; SD=1.22). Reports from the interview confirmed the availability of a counsellor in the prison but his services ineffective.

*“He is in that office; he doesn’t come to us to find out our needs, when you go to him for help too, it is as if you burdening him. For us, we don’t benefit from him at all”*

One of a counsellor’s duties is to provide clients with emotional support. It is therefore questionable that the clients are unable to access the services of the counsellor. From the above comment, inmates are willing to seek help on drugs abuse but are unable to. Visiting and having a cordial relationship with inmates could be a starting point for the counsellor.

Therefore, counselling services, if effectively administered by a professional counsellor in the prisons, could transform the perception of inmates and modify their maladjusted behaviour. This finding contradicts that of Gladding (2004) in that he believed that the effectiveness of counselling from a professional counsellor brings about a change in behaviour. Therefore, according to the inmates, the availability of a counsellor does not necessarily guarantee effective counselling.

When inmates were asked if there were prison drug strategy available in their prison to support inmates with drugs issues, their responses were negative with a mean of 1.58. This finding contradicts that of Stöver and Kastelic (2014) who suggested that there should be a prison drug strategy which must conform to the national drug strategy in the country but these prisons (Ankaful Main Camp and the Sekondi Female prisons) lack any strategy that may help drug abusers in the prisons. Inmates did not have any idea as to what prison drug policy was. A direct quotation from the interview was;

*“What is prison drug strategy? The government plus our officers don’t care about us ‘kora’ to think of a strategy for us”*

Inmates are educated on drug abuse, although they have no idea as to what a prison drug strategy was. They believe the government and prison officers do not think or care about them to implement such a policy- It is, therefore, necessary for the prison officers to consider seeking help from both government and other social support agencies to help them develop a prison drug policy since drug abuse is widespread in our prisons.

Care and support for inmates who abuse drugs were proven to be lacking in the two prisons. This is indicated by a mean of 1.81 with a standard deviation of 1.14. Therefore, it implies that there is the need to provide care and support (it can be from religious leaders, NGO’s and other social support systems) for these inmates who in one way or the other are victims of drug abuse.

In conclusion, education on drug abuse and the availability of counsellors were the strategies used to address drug abuse in prisons. There was no prison drug policy, lack of care and support for inmates as well as ineffective counselling services.

### Hypothesis

H<sub>0</sub>: There is no significant difference in the pattern of drug abuse between male and female inmates.

H<sub>1</sub>: There is a significant difference in the pattern of drug abuse between male and female inmates.

The purpose of the research hypothesis was to find out whether a significant difference exists between male and female inmates with regard to drug abuse. Independent samples t-test was used for the analysis. The hypothesis was tested using inferential statistics specifically independent samples t-test at a significant level of 0.05. The results are presented in Table 4.

**Table 4: Results of t-test for Gender and Drug Abuse**

Gender	n	Mean	SD	df	t	p. value
Male	252	21.27	4.08	272	9.433*	.000
Female	22	12.86	3.03			

\*Significant,  $p < 0.05$ .

The results from the Independent samples t-test Table shows a significant difference between male inmates (Mean=21.27, SD=4.08) and female inmates (Mean =12.86, SD= 3.03). Hence, the null hypothesis which stated that “there is no significant difference in the pattern of drug abuse between male and female inmates” was rejected [ $t(272df)=9.433, p<0.05$ ] in favour of the alternative hypothesis that “there is a significant difference in the pattern of drug abuse between male and female inmates”. The results further revealed that male inmates abuse drugs more than female inmates. Thus, this may imply that the male prisons are more tolerant of or condone drug abuse than the female prisons, which may, in turn, make the rehabilitation of the male inmates more difficult since drug abuse in itself is a criminal offence in the country. This finding is in agreement with the findings of a survey conducted by Assabil (2010) on students in the Bosomtwi and Atwima-Kwanwoma districts which indicated that majority (51.%) of the pupils who had access to psychotropic drugs were males while 49% were females.

Moreover, the reports of Fazel et al. (2006), on the prevalence of drug abuse among male and female inmates also indicated that, the male inmates’ abuse more drugs as compared with the female inmates. However, the finding of the current study refutes the findings of EMCDDA (2003) where studies conducted in European Union’s prisons indicated that drug abuse was increasingly higher among imprisoned women. That notwithstanding, EMCDDA (2004) report showed that the number of females in relation to males is generally lower. This, therefore, calls for the officers’ in-charge of the male prisons to be more vigilant in their dealings with the inmates.

### Conclusions

In conclusion, there was a prevalence estimate of 67.9% of drug abuse in prisons and marijuana was the most abused drug due to the fact that inmates have easy access to it.. It can be concluded that, with regard to gender and drug abuse, male inmates abuse drugs more than the female inmates. It is therefore expedient for officers’ in-charge of the male prisons to be more vigilant when they move out of their camp for community service.

This study has been very educative and informative in that, it has broadened the researcher’s understanding of drug abuse and most importantly about inmates. The study has also been helpful as it revealed that drug abuse is common in the two prisons; and that it can be controlled or prevented if the government and other agencies provide the various prisons with the necessary help.

## Recommendations

In light of the findings, the following recommendations were made.

1. The Ghana Police service and the Narcotic Control Board need to intensify their fight against the use and abuse of drugs especially marijuana which appears to be the common drug abused nationwide and globally. There is the need to amend laws regulating the use of some licit drugs (alcohol, tobacco and cigarette) which are harmful to it users.

2.

## Suggestions for Further Research

Further research should focus on Drug abuse among inmates using a qualitative design.

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